CMS Manual System

Department of Health & Human Services

Pub 100-04 Medicare Claims Processing

Center for Medicare and & Medicaid Services

Transmittal 543

Date: APRIL 29, 2005

Change Request 3803

SUBJECT: Healthcare Provider Taxonomy Code (HPTC) Update

I. SUMMARY OF CHANGES: Intermediaries must obtain the most recent Healthcare Provider Taxonomy Code (HPTC) list and use it to update their internal HPTC tables.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : October 03, 2005
IMPLEMENTATION DATE : October 03, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Notification Form

Unless otherwise specified, the effective date is the date of service.

Attachment – Recurring Update Notification

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SUBJECT: Healthcare Provider Taxonomy Code (HPTC) Update

I.   GENERAL INFORMATION

A.   Background: The HPTC set is an external non-medical data code set designed for use in classifying health care providers according to provider type or practitioner specialty in an electronic environment, specifically within the American National Standards Institute Accredited Standards Committee health care transaction. The HPTC's are scheduled for update twice per year (April and October). The HPTC list is available from the Washington Publishing Company http://www.wpc-edi.com/codes/taxonomy in two forms. The first form is a free Adobe PDF download. The second form, available for purchase, is an electronic representation of the list, which shall facilitate the automatic loading of the code set.

B.   Policy: HIPAA requires that submitted data, which is part of a named code set, be valid data from that code set. Claims accepted with invalid data are non-compliant. Because health care provider taxonomy is a named code set in the 837 Institutional implementation guide, contractors must validate the inbound HPTCs against their internal HPTC tables.

II.   BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3803.1	FISS shall use the most cost effective means to obtain the October 2005 HPTC list.					X				
3803.1.1	FISS shall update their HPTC tables with the October 2005 HPTC list.					X				

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3803.2	A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X							

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E.   Dependencies: N/A

F.   Testing Considerations: N/A

V.   SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 03, 2005 **Implementation Date:** October 03, 2005 **Pre-Implementation Contact(s):** Matt Klischer (410.786.7488) **Post-Implementation Contact(s):** Matt Klischer (410.786.7488)	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.**

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